

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
07-17-2000 90001 046 ***150.00

00 AUG 14 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00068810

DO NOT WRITE IN THIS SPACE

DOCUMENT # **m94159**
1. Entity Name
Charles Tractor and Agricultural Services Inc.
(Vera Chaples)

Principa. Place of Business Mailing Address
5901 SW 160 Ave
Ft. LAUD
FLA 33331

2. Principal Place of Business 3. Mailing Address
5901 SW 160 Ave **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Southwest Ranches (Ft. Laud.)

City & State City & State
FLA

Zip Country Zip Country
33331 BROWARD

4. FEI Number Applied For
605-00515816 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VERA CHAPLES
5901 SW 160 Ave
Ft. LAUD
FLA 33331

7. Name and Address of New Registered Agent
Name **Vera Chaples**
Street Address (P.O. Box Number if Not Acceptable)
5901 S.W. 160 Ave (office)
Ft. Laud FL
City **FL** Zip Code **33331**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE **Vera Chaples** DATE **6/27/00**
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Pres. (owner)	<input type="checkbox"/> Delete
NAME	VERA CHAPLES	
STREET ADDRESS	21520 NW 4 PLACE BOX 252	
CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	Vice Pres.	<input type="checkbox"/> Delete
NAME	MARYGAY CHAPLES	
STREET ADDRESS	5901 SW 160 Ave	
CITY-ST-ZIP	Ft. LAUD FLA 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marygay Chaples** Vice Pres. **6-5-00 (9:38)** 325-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2E034 (9/99)